

Northern Illinois Annuity Fund

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Administered by
Welfare & Pension Administration Service, Inc.

DESIGNATION OF BENEFICIARY FORM

EMPLOYEE'S INFORMATION

(Please Print or Type)

NAME: _____ EMPLOYEE'S SS#: _____ BIRTH DATE: _____

EMPLOYEE'S ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE NUMBER: _____ EMAIL: _____

I, _____, name the following as my beneficiary to receive my account balance, if any, after my death.
EMPLOYEE'S NAME

PRIMARY BENEFICIARY

*IF YOU ARE MARRIED AND DO NOT NAME YOUR SPOUSE AS PRIMARY BENEFICIARY, YOUR SPOUSE **MUST** SIGN THIS FORM (BELOW) IN FRONT OF A NOTARY PUBLIC*

NAME: _____ RELATIONSHIP: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

ALTERNATIVE BENEFICIARY (IF PRIMARY BENEFICIARY PRE-DECEASES ME)

NAME: _____ RELATIONSHIP: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below.

EMPLOYEE'S SIGNATURE: _____

DATE SIGNED: _____

SPOUSAL ACKNOWLEDGEMENT OF BENEFICIARY (MUST BE SIGNED BEFORE NOTARY PUBLIC)

I, _____ swear that I am the legal spouse of the aforementioned employee. I understand that by signing this document I am consenting to _____ being named as my spouse's primary beneficiary entitled to receive the benefits due from the Northern Illinois Annuity Fund in the event of his/her death.

SPOUSE'S SIGNATURE: _____

State of _____)

) SS

County of _____)

NOTARY PUBLIC

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this document and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Given under my hand and seal this _____ day of _____, 20____ (SEAL)

_____ My commission expires _____

NOTARY PUBLIC SIGNATURE